



FACILITY IMPROVEMENT GRANT WORKSHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EARLY CHILDHOOD

SFN 1954 (10-2025)

Facility incident must have occurred after July 1, 2025 in order to complete this worksheet and apply for the grant.

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| Program Point of Contact, Owner or Director | HHS License Number |
| Program Name | ND Early Childhood Hub Registry Organization ID Number |

Minimum and Maximum Grant Size by Provider Type:

- Up to \$10,000 HHS Licensed Center (75 or more children)
- Up to \$5,000 HHS Licensed Center (up to 74 children)
- Up to \$2,500 HHS Licensed Family, Group, Preschool or School Age Program

This completed form, along with pictures of the damaged items you need to repair or replace, must be uploaded into the grant application in the ND Early Childhood Hub.

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| My program rents or leases space <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Incident (select all that apply) <input type="checkbox"/> Fire <input type="checkbox"/> Severe Weather (wind, hail, tornado, etc.) <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Flood <input type="checkbox"/> Structural Failure (roof collapse, foundation, etc.) |
| Date of Incident |
| Areas of Facility Impacted (select all that apply) <input type="checkbox"/> Classrooms <input type="checkbox"/> Restrooms <input type="checkbox"/> Roof/Structural Elements <input type="checkbox"/> Kitchen/Food Service Area <input type="checkbox"/> Playground/Outdoor Space <input type="checkbox"/> Electrical/Heating/Cooling Systems <input type="checkbox"/> Other (describe): _____ |
| Extent of Damage (select only one) <input type="checkbox"/> Minor (repairable, no program closure required) <input type="checkbox"/> Moderate (partial program closure or reduced capacity) <input type="checkbox"/> Severe (full program closure or unsafe to operate) |
| Describe the Damage and Impact on Operations (Explain what happened, the specific damages, and how this affects your ability to provide care) |
| Current Status of Facility (select only one) <input type="checkbox"/> Fully Operational <input type="checkbox"/> Partially Operational (reduced capacity) <input type="checkbox"/> Temporarily Closed <input type="checkbox"/> Permanently Closed Without Repairs |
| Immediate Safety Concerns (select all that apply) <input type="checkbox"/> Unsafe for Children/Staff to Occupy <input type="checkbox"/> Health Hazards (mold, smoke, debris, contamination) <input type="checkbox"/> Utilities disrupted (no water, electricity, HVAC) <input type="checkbox"/> Other (describe): _____ |

Temporary Solutions in Place (if any)
(Example: relocated to another site, using alternate classrooms, limiting enrollment, closing certain rooms)

Estimated Cost of Repair (if known) (select only one)

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|---|--|--|--|
| <input type="checkbox"/> Under \$1,000 | <input type="checkbox"/> \$1,000-\$2,500 | <input type="checkbox"/> \$2,500-\$5,000 | <input type="checkbox"/> \$5,000-\$7,500 |
| <input type="checkbox"/> \$7,500-\$10,000 | <input type="checkbox"/> Over \$10,000 | <input type="checkbox"/> Unknown | |

Printed Name of Program Owner

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|----------------------------|------|
| Signature of Program Owner | Date |
|----------------------------|------|